

## PREVENTIVE CARE

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### ***ELIGIBLE PREVENTIVE CARE***

The Plan covers:

- Well Child Care
- Annual Wellness Exam
  - Women—a Well Woman preventive visit or gynecological exam visit in addition to the Annual Wellness Exam
- Cancer Screening Procedures
- Pregnancy Care Preventive Screenings
- Scheduled Immunizations and Vaccinations
- Review prescription section for additional preventive care items

Covered “Eligible Preventive Care” also includes preventative care identified by the Department of Health and Human Services under the PPACA. Eligible Preventive Care is covered at 100% when the Member meets age and frequency requirements. The Preventive benefit can be applied to eligible service regardless of diagnosis on claim. Both health plans cover eligible preventive care according to the following schedules. To be covered by the plan, Preventive Care services, including immunizations, must be received from a participating provider.

When a covered Dependent attends school out-of-state, or when the Member resides out-of-state, Preventive Care services as listed are covered by the plan if Member visits a PHCS provider. If Member utilizes a non PHCS provider, any charges above UCR are the Member’s responsibility to pay.

### ***ELIGIBLE PREVENTIVE OFFICE VISIT SCHEDULE***

| Age  | Frequency   |
|--|---|
| Birth to age 3 years*                                  | <ul style="list-style-type: none"><li>• 3 to 5 days old</li><li>• 1 exam between birth and 2 months</li><li>• 1 exam at 2 months</li><li>• 1 exam at 4 months</li><li>• 1 exam at 6 months</li><li>• 1 exam at 9 months</li><li>• 1 exam at 12 months</li><li>• 1 exam at 15 months</li><li>• 1 exam at 18 months</li><li>• 1 exam at 24 months</li><li>• 1 exam at 30 months</li><li>• 1 exam at 3 years</li></ul> See chart for specific services covered at exams. |
| 4 -17 years**  | 1 exam per Plan Year<br>See chart for specific services covered at exams.   |
| 18 years and up***                                     | 1 exam per Plan Year<br>See chart for specific services covered at exams.   |
| Pregnancy Preventive Screenings                        | See chart for specific services covered at exams.   |
| Females under age 65– Well Woman or gynecological Exam | 1 exam per Plan Year <ul style="list-style-type: none"><li>• Office Visit</li><li>• Pap Smear</li><li>• Breast Exam by Physician</li></ul> See chart for specific services covered at exam. This is in addition to Annual Wellness Exam. Pap smear is not required for this visit to be eligible.   |

**\*WELL CHILD CARE: Birth to 3 years**

Well Child Care Exam: Coverage provided for inpatient newborns; visits at 3 to 5 days old; and at or around 2, 4, 6, 9, 12, 15, 18, 24, 30 months, and 3 years.

Exams include: Health advice and information about development, behavior, safety/injury prevention, sleep positions, feeding, diet, daily care, physical activity and dental care. During the visit, the child may receive immunizations and screenings based on the healthcare practitioner's recommendations. Immunization chart included in this document includes recommendations at time of publishing.

| Age  | Frequency   |
|--|---|
| Weight, Height/Length, Blood Pressure and Head Circumference | At every visit as part of well child exam. Head circumference up to age 24 months.  |
| Developmental Screening/Surveillance                         | At every visit as part of well child exam.  |
|  | In-office screening with a standardized validated tool at 18 and 24 months. Maximum of two covered under well child care.   |
| Vision   | In-office medical screening as part of well child exam to detect amblyopia, strabismus, and defects in visual acuity. This is NOT a separate vision exam.   |
| Hearing  | In-office medical assessment as part of a well child exam. This is NOT a separate hearing exam.   |
| Dental   | Includes regular oral health screenings and referral to a dentist at the appropriate age. Healthcare practitioner may prescribe fluoride, if necessary, for a child over 6 months of age whose primary water source is deficient in fluoride. This is NOT a separate dental exam. See Pharmacy section for medication preventive coverage details |
| Hemoglobin or Hematocrit (Hgh/Hct)                           | One Hemoglobin or one Hematocrit between 9 and 15 months.   |
| Lead Screening   | One screening test at 12 months and one at 24 months.   |
| Tuberculosis   | Eligible as needed if screening questions are positive.   |

**\*\*WELL CHILD CARE: AGES 4 TO 17**

Well Child Care Exam: Once per plan year for children ages 4 to 17.

Exams include: Age and gender-appropriate health advice and information about dental care, exercise and physical activity, diet and nutrition, counseling for obesity (age 6 and over only), sun exposure and safety/injury prevention. When appropriate, alcohol, sexual behavior/sexually transmitted diseases (STDs), tobacco use and suicide prevention are also addressed. During the visit, the child may receive immunizations and screenings based on the healthcare practitioner's recommendation. Immunization chart included in this document includes recommendations at time of publishing.

\*\* Age 4-17 Childhood Healthcare reform guidelines at time of publishing are as follows:

| <b>Guideline Title</b>                        | <b>Frequency</b>  |
|---|---|
| Height/Weight/BMI/Blood Pressure              | At every well child care exam. A review of Body Mass Index (BMI) may be completed by the healthcare practitioner to screen for obesity at age 6 and older.  |
| Vision  | In-office medical screening as part of well child care exam to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5. This is NOT a separate vision exam.   |
| Hearing                                       | In-office medical assessment as part of well child exam. This is NOT a separate hearing exam.   |
| Dental  | This includes regular oral health screenings and referral to a dentist at the appropriate age. Healthcare practitioner may prescribe fluoride, if necessary, for a child whose primary water source is deficient in fluoride. This is NOT a separate dental exam. See Pharmacy section for medication preventive coverage details |
| Sexually Transmitted Infections               | All sexually active adolescents should be counseled and screened for STIs, including Chlamydia, gonorrhea, syphilis and HIV.  |
| Cervical Dysplasia Screening                  | Annual pap smear for females at high risk at the discretion of the healthcare practitioner.   |
| Tuberculosis                                  | As needed if screening questions are positive.  |
| Depression                                    | Starting at age 12 for major depression when systems are in place to ensure accurate diagnosis, psychotherapy and follow-up.  |
| Hemoglobin or Hematocrit Screening for anemia | Annually  |

**\*\*\*ANNUAL WELLNESS EXAM: 18 YEARS AND UP**

Annual Wellness Exam: Once per plan year for adults 18 years and up. Additionally, women are allowed a Well Woman or a gynecological exam annually while they are under 65.

Exams include: Health advice and counseling about dental care, exercise and physical activity, diet and nutrition, obesity, sun exposure, safety/injury prevention, domestic and interpersonal violence, alcohol, sexual behavior/sexually transmitted diseases (STDs) and tobacco use. During the visit a Member may receive immunizations and screenings based on the healthcare practitioner's recommendation. Immunization chart included in this document includes recommendations at time of publishing.

**ANNUAL WELLNESS EXAM MEN AND WOMEN**

| <b>Guideline Title</b>          | <b>Frequency</b>  |
|---------------------------------|---|
| Height/Weight/Blood Pressure    | At every Wellness Exam.   |
| Cholesterol Test                | <u>Men &amp; Women</u> :<br>One per plan year.  |
| Counseling for Healthy Diet     | In-office assessment and counseling for individuals with hyperlipidemia and other known risk factors for cardiovascular disease and diet-related chronic disease.   |
| Diabetes                        | Screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80.  |
| Colorectal                      | Ages 50 and older:<br>–One fecal occult blood test per plan year.<br><br>–Colonoscopy every 10 years or flexible sigmoidoscopy every 5 years.<br><br>–1 Colonoscopy every 3 Plan Years beginning at age 50 for Members requiring more frequent follow up due to personal history /previous findings on a colonoscopy.<br><br>See Pharmacy section for medication preventive coverage details. |
| Sexually Transmitted Infections | High-intensity behavioral counseling to prevent STIs. All adults at risk screened for STIs including chlamydia (women), gonorrhea (women), syphilis and HIV.  |
| Depression                      | Screen for major depression when systems are in place to ensure accurate diagnosis, effective treatment and follow-up.  |

### For Women Only

| Guideline Title                                 | Frequency  |
|---|--|
| Breast Cancer - Mammograms                      | One baseline screening mammogram between ages 35 to 39 for women.<br>One screening mammogram per plan year beginning at age 40.  |
| BRCA  | Women with a family history (breast or ovarian cancer) associated with increased risk for harmful mutations in BRCA1 or BRCA2 should be referred for genetic counseling and BRCA testing if appropriate.<br><b>(Limit: One per lifetime – Preauthorization Required)</b>   |
| Counseling Women at High Risk for Breast Cancer | Counseling for chemoprevention of breast cancer as part of Annual Wellness Exam or Well Woman Exam.  |
| Breast Cancer Risk-Reducing Medications         | For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene. See Pharmacy section for medication preventive coverage details   |
| Cervical Cancer – Pap Smear                     | One screening pap smear per plan year.   |
| HPV DNA Testing                                 | High risk HPV DNA testing every three plan years for women with normal cytology results who are 30 or older.   |
| Contraception                                   | Prescription medications and devices that are approved by the Food and Drug Administration for treatment of and specifically prescribed for, contraception are available at zero-cost share to Member. Note: Zero-cost share is not available for brand medications impacted by the “generics policy” (see PRESCRIPTION DRUG PLAN for generics policy). See Pharmacy section for medication preventive coverage details. |
| Sterilization Procedures                        | Food and drug administration-approved sterilization procedures, patient education and counseling.<br><b>Preauthorization Required for sterilization procedures</b>   |
| Osteoporosis Screening                          | One per lifetime for women age 60 and older.   |

### For Men Only

| Guideline Title                 | Frequency  |
|---------------------------------|--|
| Prostate Specific Antigen (PSA) | An annual diagnostic exam, including a digital rectal examination and PSA test for asymptomatic men age 50 and older |

### ***PREGNANCY CARE PREVENTIVE SCREENINGS***

The following are per pregnancy and are expected to be encompassed in the Pregnancy Preventive Health Visit. Only one office visit is covered at 100%. If screenings occur at another visit, only the screening will be covered at 100%. Pregnant Members are encouraged to join the Our Healthy Baby Program as there are additional benefits available through the program.

| <b>Guideline Title</b>                  | <b>Frequency</b>   |
|---|--|
| Interventions to Support Breast-feeding | Interventions during pregnancy and after birth to promote and support breastfeeding.   |
| Counseling for Tobacco Use              | One screening per pregnancy for tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.   |
| Screening for Anemia                    | One routine screening for iron deficiency anemia in asymptomatic pregnant women.   |
| Screening for Bacteriuria               | One screening per pregnancy for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.  |
| Screening for Chlamydial Infection      | One screening per pregnancy for chlamydial infection for all pregnant women ages 24 and younger and for older pregnant women who are at increased risk.  |
| Screening for Hepatitis B               | Screen for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.  |
| Screening for Rh incompatibility        | Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care and repeat between 24-28 weeks gestation unless the biological father is known to be Rh (D) - negative.  |
| Screening for Syphilis                  | One screening per pregnancy for syphilis infection.  |
| Screening for Gonorrhea                 | One screening per pregnancy for gonorrhea infection, if at high risk for infection.  |
| Screening for HIV                       | One HIV screening per pregnancy.   |
| Alcohol Screening                       | One screening per pregnancy for alcohol use and provide augmented pregnancy-tailored counseling to those who consume alcohol.  |
| OB Panel                                | OB Blood Panel   |
| Gestational Diabetes Screening          | Women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.   |
| Breast-feeding                          | <p>Comprehensive support and counseling from trained providers, as well as access to non-disposable breastfeeding supplies, for pregnant and nursing women.</p> <p>Members will be reimbursed up to \$150 for a manual breast pump and up to \$220 for an electric breast pump.</p> <p>Limited to one manual pump every 12 months OR one electric pump every 3 plan years. Replacement pumps are covered for subsequent pregnancies for Members who have not received a pump within the timeframes outlined above.</p> |

### ***OUR HEALTHY BABY PROGRAM***

The Our Healthy Baby™ Program is a voluntary HMP program available to expectant mothers covered by the South Dakota State Employee Health Plan.

The purpose of the HMP program is to provide support to expectant parents through individual case management, educational materials, and contact throughout the Pregnancy. By providing this service, HMP and the South Dakota State Employee Health Plan achieve healthier outcomes for Members.

#### **Program incentives include:**

- Expectant mothers covered under the Plan who enroll in the program within the first three months of Pregnancy receive a **\$250 non-tax incentive** into a Health Reimbursement Account if on the Low Deductible Health Plan (\$850) or a Combination Health Reimbursement Account if on the High Deductible Health Plan (\$1,800|\$3,600);
- Choice of one available prenatal or parenting book upon enrollment;
- One first trimester ultrasound to confirm viable pregnancy covered at 100% (Pre-authorized by HMP);
- One second trimester ultrasound to verify dates and growth covered at 100% (Pre-authorized by HMP);
- Online access to Pregnancy related information;
- Educational materials mailed to Members throughout the Pregnancy;
- Expectant mothers covered under the Plan who complete the program receive an additional **\$250 non-tax incentive** into a Health Reimbursement Account if on the Low Deductible Health Plan (\$850) or a Combination Health Reimbursement Account if on the High Deductible Health Plan (\$1,800|\$3,600); upon successful participation and completion of program; and
- Follow-up after the Pregnancy.

#### ***Enrollment in the Our Healthy Baby™ Program does not automatically add the new child to the Health Plan.***

To be covered, the child must be enrolled in the Plan within 30 days following the date of the birth. The Employee must complete a Family Status Change form during the 30 day time period and pay required contributions for coverage to take effect. The child of a Dependent cannot be added to the health plan.

If the child is not added during the 30 day Special Enrollment Period, the child will not be covered under the Plan. The Employee will be able to enroll the child during Annual Enrollment or when incurring qualifying family status change or after satisfying a waiting period. See “Special Enrollment” to the South Dakota State Employee Health Plan” sections.

For more information contact HMP at 888.330.9886.

### ***SCHEDULED IMMUNIZATIONS AND VACCINATIONS***

Scheduled immunizations and vaccinations are available under both health plans, covered at 100%, when incurred with a participating network provider.

When a covered Dependent attends school out-of-state, or when the Member resides out-of-state, Immunizations and Vaccinations as listed below are covered if Member visits a PHCS provider. If Member utilizes a non PHCS provider, any charges above UCR are the Member’s responsibility to pay.

The following immunizations are covered at 100% when services are provided by a

participating provider.

| Treatment  | Frequency   |
|--|---|
| Hepatitis A Vaccine  | At 12-23 months   |
| Hepatitis B Vaccine  | At birth, plus 2 between birth and 18 months  |
| Rotavirus  | At 2, 4, and 6 months   |
| DTaP Vaccine   | At 2, 4, 6, and 15-18 months  |
| DTaP Booster   | Once between 4 and 6 years  |
| IPV Vaccine  | At 2, 4, and 6-18 months  |
| IPV Booster  | Once between 4 and 6 years  |
| MMR Vaccine  | At 12-15 months and 2nd dose 4-6 years  |
| HIB Vaccine  | At 2, 4, and 6 months plus 1 booster at 12-15 months  |
| Varicella Vaccine  | At 12-15 months and 1 dose between 4 and 6 years; 2 doses for adults 19-65 years  |
| Pneumococcal Conjugate Vaccine (PCV or Prevnar) a vaccine to prevent pneumonia   | At 2, 4, 6, and 12-15 months  |
| Pneumovax  | Allowed with documented risk factors for ages 19 to 65 years, all adults 65 and older   |
| Tdap   | Once at 11-12 years of age, and every 10 years for adults   |
| Tetanus/Diphtheria Booster   | Every 10 years for adults   |
| HPV  | 11-26 years, 3 dose series  |
| Meningitis, Meningococcal Conjugate Vaccine  | Age 11-12, and 1 booster at age 16.   |
| Influenza Vaccine  | <p>1 to 2 doses between age 6 months through age 6 and once each Plan Year thereafter. Fluzone for adults age 65 and older.</p> <p>The State offers all covered Members flu shots at State sponsored clinics each year, beginning in October. Refer to <a href="http://benefits.sd.gov">http://benefits.sd.gov</a> for times and locations.</p> <p>The plan will only pay for the cost of the vaccine and the administration fee for Members who choose to receive influenza vaccine somewhere other than a State sponsored clinic.</p> <p>Vaccines received at the pharmacy must be CVS Caremark participating pharmacy, and submitted through the pharmacy program.</p> <p>Vaccines received at a medical provider, must be received at a participating provider.</p> |
| Zoster (Shingle)   | 1 dose for adults age 60 and older  |
| <p>Sources: Department of Health and Human Services, Center for Disease Control and Prevention, and South Dakota Department of Health.</p> <ul style="list-style-type: none"> <li>• If a combination vaccine is received, the Member must be eligible to receive at least one of the vaccines included in the combination vaccine to be covered.</li> <li>• Vaccinations required for employment and travel are not eligible.</li> </ul> |   |